

Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: <u>Mary Frances Burger</u>	
Date Received: <u>2/22/13</u>	Applicant Number: <u>10467</u>
Recommended Applicant Pool Status:	Final Applicant Pool Status:
<input checked="" type="checkbox"/> Included <input type="checkbox"/> Removed	<input checked="" type="checkbox"/> Included <input type="checkbox"/> Removed

REQUIREMENTS:

1. Was the application received before the submission deadline? ☒ Yes ☐ No

If NO, list time/date application was received: _____

2. Is the application complete? ☒ Yes ☐ No

If NO, list the item(s) that need to be completed: _____

3. Indicate how the applicant responded to the following questions:

A. Student enrolled in a college/university in the City of Austin? ☐ Yes ☒ No
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

i. Reside in the City of Austin? ☒ Yes ☐ No

ii. Registered to vote in the City of Austin? ☒ Yes ☐ No

iii. Continuously registered to vote in the City of Austin? ☒ Yes ☐ No

iv. Voted in 3 of the last 5 City of Austin general elections? ☒ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition: _____

